

## RECOMMENDATIONS OF GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH

The following recommendations were adopted by the Governor's Task Force to Improve Access to Oral Health. The recommendations are not listed in priority order. Because tooth decay is preventable, we expect that these options for expanding capacity, improving coordination and prevention, and increasing the focus on education could result in real improvement in our citizens' oral health.

Before making any specific recommendations to the Governor, the Task Force members agreed that in order to succeed at improving access, there needs to be a financial commitment to oral health in the state.

### Health Care Provider Loan Forgiveness Programs



The Task Force recommends continued or increased funding for the state's health care provider loan forgiveness programs and that the eligibility for the loans be linked to serving an unduplicated number of Medicaid or BadgerCare recipients not to fall below a certain minimum amount of claims paid\* or to serving in a dental health professional shortage area.

\*The program requires a minimum of:

- 50 recipients served and \$8000 in claims paid during the first year of the award.
- 70 recipients served and \$11,000 in claims paid the second year.
- 90 recipients served and \$15,000 in claims paid the third year and continuing years.

### Marquette University School of Dentistry



The Task Force recommends that the state increase the annual funding from the Higher Educational Aids Board to support annual capitation payments for 50 Wisconsin students in each future class at the Marquette University School of Dentistry. This is an increase of 10 Wisconsin students per class. Funding would begin in the Fall 2006 semester.

	Current Cost	First Year Cost	Annual Cost
\$	160 Wisconsin students for \$1,400,480 annually	170 Wisconsin students for \$1,488,010.	200 Wisconsin students for \$1,750,600 annually.



The Task Force recommends that the state increase the tuition subsidy for Wisconsin residents who attend the Marquette School of Dentistry from \$8,753 to \$11,670 per year.

	Current Cost	Annual Cost	Adoption of both Recommendations
\$	160 Wisconsin students for \$1,400,480 annually	160 Wisconsin students for \$1,867,200	200 Wisconsin students at \$11,670 would cost \$2,334,000 annually

## Oral Health Financial Priorities



**Soda Tax:** The Task Force recommends the adoption of a tax on soda purchases (like the *Two Cents for Tooth Sense* plan) with the revenues going to the dental Medicaid program and other funding priorities as recommended by the Governor's Task Force to Improve Access to Oral Health.



**Dental Medicaid Funding:** The Task Force recommends a \$20 million annual increase in state funding to increase the dental reimbursement rate and require that future investments in the dental Medicaid program include pay-for-performance strategies that assure increased access, regardless of the delivery system (i.e. whether services are delivered through fee-for-service or through HMOs). \$20 million



**Oral Health Pilots:** The Task Force recommends funding two pilot grant programs, based loosely on the Washington ABCD Kids Get Care program, across the state. The two-year grants would include annual funding for a case manager, a community educator, and materials and supplies. To be eligible for the grants, a project would need to:

- Show proof of commitment from an adequate number of area dentists who agree to be providers under an enhanced Medicaid dental fee.
- Include at least one local government entity (required to gain eligibility for federal HCFA funds) willing to provide caseworkers to do outreach.
- Establish an oversight task force that includes at least one representative from an oral health or children's health advocate organization, local health department, the dental community, and a K-12 education and/or day care provider and/or a pre-school or HeadStart organization. Meetings must occur at least quarterly during the two-year grant process.
- An organization willing to develop and deliver the program training.

\$200,000

Pilots would be selected on ability to provide care and prevention to a wide group of children and based on the program's ability to be used as a model for other areas of the state.



**Regional Oral Health Staff:** The Task Force recommends that the state fund five regional oral health consultants at a full-time level. \$240,000



**Regional Portable Equipment:** The Task Force recommends funding portable equipment at each Department of Health and Family Services public health region to be used in school based and community oral health programs for restorative and prevention services. \$100,000  
*One time cost*



**Community Water Fluoridation:** The Task Force recommends an increase in state funding available for communities to fluoridate their water supply. The Task Force recommends providing \$25,000 in annual, non-lapsing funding. \$25,000

## Dental Hygienist Workforce



The Task Force recommends that Wisconsin State Statutes be amended to align the dental hygienist scope of practice with accreditation standards and to allow dental hygienists to practice independently under that legal scope of practice.

## HMO Dental Services System



The Task Force recommends that the Department of Health and Family Services develop a request for information on a contract for a statewide dental benefits administrator. This “carve out” option would remove dental claims processing and customer service from both the state’s current HMO and fee-for-service systems. The recommendation is that the state would contract with a specialized dental benefits administrator for provision of these services and maintenance of a dental provider network. Ideally, the contracts would include enforceable benchmarks regarding utilization and access targets, and expanded customer outreach and education requirements.



The Task Force recommends that, under the current HMO dental delivery system, the Department of Health and Family Services should develop a complaint form for use by current HMO dental system patients who are unable to access dental care in the contractually required timeframe. The form would be shared with HMO medical providers in the four-county region and should include information about who to contact when they are unable to access service within 90 days for non-urgent care and within 24 hours for urgent care. The form, once completed by the HMO client, would be sent to DHFS as a formal complaint regarding HMO access to dental care.

## Dental Licensure



The Task Force recommends that current law be amended to provide that an applicant may pass any one of the four regional exams for Wisconsin licensure. When a national exam is approved, passage of that exam would also allow an applicant to receive licensure in Wisconsin upon completion of required testing and application.



The Task Force recommends that Wisconsin create a special training license available to foreign-trained dentists that would allow practice in an American Dental Education Association approved residency program leading to full licensure. The residency period would last a minimum of two years and could lead to full licensure. There should be a supervision requirement with endorsement for full licensure contingent on the supervisor attesting to competency. Licensure would also require passage of national boards, an approved exam and Wisconsin’s ethics and jurisprudence exam.



The Task Force recommends that Wisconsin allow licensure of a foreign-trained dentist that completed an American Dental Education Association approved 2-year residency training program in an approved United States accredited school. Also, the dentist must have been licensed by and practiced in another state. Licensure would also require passage of national boards, an approved exam and Wisconsin’s ethics and jurisprudence exam.

## School Based Oral Health and Oral Health Education



The Task Force recommends that the Department of Public Instruction (DPI) investigate the possibility of including a question on oral health on the required state exams. DPI should work with the Department of Health and Family Services to implement an oral health curriculum and make it available to all state school districts with the goal of 20 percent participation by 2007.



The Task Force recommends that the state provide \$100,000 annually to fund two-year pilot programs that coordinate local public health programs with school district dental programs. Grants would be awarded based on benefits of the initiative. Successful applicants would be required to provide local matching funds for the two years of the program.

## Oral Health Safety Net Program Funding



The Governor's Task Force recommends that the Governor appoint an ongoing State Oral Health Council made up of a representative from the Legislature, an FQHC representative, a Wisconsin Dental Association designee, an advocate for Medicaid clients, a public health representative, and other dental care advocates. The council should reflect an urban/rural balance.

Initially, the council would define criteria for a pilot project that will award grants to programs that provide dental care to those unable to access oral health care in the current system (like community clinics, FQHC expansions, hospital clinics, etc.). Grants would be awarded based on the criteria determined. Continued funding would result from meeting outcomes defined in the initial criteria. The Task Force recommends allocation of \$200,000 in annual funding for this program.

## Actions by the Department of Health and Family Services



The Task Force recommends the following actions by the Department of Health and Family Services:

- Develop patient education materials and programs to encourage responsible use of health care systems for distribution or presentation to Medicaid enrollees. Materials should include education on the importance of keeping and showing up on time for appointments and on proper behavior in waiting rooms.
- Coordinate the Early and Periodic Screening, Detection, and Treatment (HealthCheck) periodicity schedule with the American Academy of Pediatric Dentistry and the American Academy of Pediatrics recommendations which changes the age of the first screening from age 3 to age 1.
- Take a more proactive role in informing pediatricians and family practitioners about integrating oral health into all health care practices.
- Work with local health departments to encourage at least one oral health consolidated contract objective.

### *Actions by the Department of Health and Family Services (continued)*

- Send a notice to local health departments clarifying that children screened in public health programs with severe oral health needs and meeting certain criteria may be designated by the state as a Child with Special Health Care Needs. The child therefore may be eligible for Targeted Case Management services. Direct DHFS to monitor the utilization to determine if further policy development is necessary.

### **Further Actions**



The Task Force recommends the following actions by the Governor:

- Direct the Department of Commerce to work with the Rural Health Development Council to develop a dentist recruitment model and tools to be used in recruiting oral health professionals to rural and urban dental health professional shortage areas.
- Encourage the Wisconsin Dental Association to provide dental education at their annual sessions that would help general dentists become familiar with the care of children from 1 to 3 years of age.
- Assemble a study group to examine the feasibility of developing an advanced practice dental hygienist education program in Wisconsin. The group could include the Wisconsin Dental Association, the Dental Hygiene Association of Wisconsin, the Wisconsin Dental Hygiene Association, the Wisconsin Technical College System Dental Hygiene programs, the Marquette School of Dentistry, the University of Wisconsin System and other health providers.
- Explore the expansion of Clear Path with Children's Hospital of Milwaukee and the Greater Milwaukee Dental Association. Clear Path is the hospital's training program for individuals looking for access to dental care. Individuals that attend the training are guaranteed an appointment at the dental clinic within six weeks. The program helps the dentists understand the pressures of the families seeking care and helps the families understand how their actions affect the dentist, the office, and the care of all clients.
- Encourage the Wisconsin Dental Association, the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments Board to help connect government health policy entities with practicing or retired dentists so together they can work on strategies to improve oral health in their communities.
- Lobby our federal representatives in support of oral health funding and legislative initiatives.
- Propose a state legislative initiative to expand a dentist's ability to delegate dentistry practices and procedures.